

CORRESPONDENCE

November 25, 1925.

To the Editor—I have read with intense interest your article in the last issue J. A. M. A., and you will know how much it stirred up my thoughts when you read the enclosed letter sent today to the editor of that journal.

With your permission, I think it may be advisable to use part or all of the information contained in your article in a local publicity campaign here in Los Angeles.

With this idea in view, I will take it up with our Publicity Committee in the Los Angeles County Medical Association. We surely do have enough quack advertising by our local newspapers. Why not some that will do the public some real good?

As a member of our local Association of Commerce, I will also take this up with the Medical Committee of that body and secure, if possible, their active co-operation.

FRANK M. WOOD, M. D., *Los Angeles.*

In his letter to the Editor Journal A. M. A., Doctor Wood says:

November 25, 1925.

"I have read your editorial and the article of Dr. Musgrave of CALIFORNIA AND WESTERN MEDICINE with keen interest, because of its very evident bearing on the future success of our profession.

May I suggest that the success of the campaign now inaugurated by the County Medical Societies, as indicated by your editorial, will depend on the right kind of publicity through effective advertising; to meet that of the numerous commercial public health agencies.

Would this not be most effectively secured by reprinting the article of Dr. Musgrave and distributing it to the general public? Could this not be done at the expense of the County Societies? It seems certain that every member of the A. M. A. would co-operate in this, if such a ready means were at hand to do it in an ethical way.

The main facts disclosed in this article might also be published in health magazines and sponsored by the County Societies in local newspapers, in which the display of commercial health agencies meets the public eye daily.

As a member of our association I am glad to hail this long-delayed movement to restore the regular physician to his rightful place with the public, as the conservator of the public health. I trust it will bear fruit in a wise and legitimate publicity for periodic health examinations by the regular physician. I am convinced that it will succeed only if the advertising shall secure an equal or greater public attention than that of the commercial advertisers. For this reason the within suggestion is offered for what it is worth."

Dear Editor—The M. D. who does as you wish regarding indigents will soon be a damn-sight poorer than 90 per cent of the patients he treats for nothing. It is the county who should care for them, not the poor fish of an M. D.

Note—This letter refers to the editorial "Back to Your Personal Doctor," in the December issue of CALIFORNIA AND WESTERN MEDICINE, particularly to the part which reads:

Since CALIFORNIA AND WESTERN MEDICINE has been agitating similar methods (co-operative plan of the Federated Women's Clubs of Illinois with the Illinois Medical Association and Illinois Dental Society by which the Women's Clubs exert themselves to have all "pre-school" children examined by their own family doctors and dentists in their own offices, instead of attempting to operate health centers, clinics, and generally practice medicine themselves), we have been told that some doctors would not do the work. We don't believe it, but let us find out who they are, if any. There are plenty who will. Again we have been told that some doctors would neither examine nor treat the poor without pay. Again, we don't believe it. But again let's find out who they are, if any. And again, there are plenty who will assume the privilege.

December 7, 1925.

To the Editor—On November 23, there was stolen from my car, parked on Market street, in the nine hundred block, one of the new physicians auto emblem No. 6592. I wrote to the A. M. A. for the number, and they advised that we give you the details that it might be "mentioned in the Journal of the California State Medical Society."

I believe it is the policy to endeavor to keep these emblems out of the hands of non-members. Thank you.
D. BRANDLEY PLYMIRE.

Note—Medical parasites are getting pretty bold when they become so anxious to pass themselves off as members of the C. M. A. and the A. M. A. that they will steal a copyrighted, specially marked, registered automobile plate.

If the thief who uses it ever has an accident or gets caught he is in for more trouble than he knows of.

To the Editor—To an ex-service man of the late war, the article and editorial in the recent number of the CALIFORNIA AND WESTERN MEDICINE, is of exceptional interest. It urges all of us, especially those of previous experience, to enroll in the M. O. R. C., of the U. S. Army, and laments the lack of interest and tardiness in our not flocking to the colors in a patriotic way.

There are a number of exceptions and criticisms that might be made, in the light of previous experience, by a number of experienced men. It is stated in this article that it is of advantage to get in early in order that one may outrank those who join later. This matter of rank is one that has rankled in a number of breasts since the late war. There were those who, by joining early because of patriotism, sense of duty, or what not, got sent overseas and there lingered as First Lieutenants or Captains until sent home long after the armistice, but had the pleasure, after the war was really over, of welcoming a lot of Majors and Lieutenant-Colonels who no doubt served their country just as well on the American side. Promotions seemed to have been easier and faster in the U. S. A. than in France, and being outranked by men who never heard a shell or saw a wounded man did not sit well. This did not apply alone to the Medical Service, but to other branches as well.

There were some of our professions who had more sagacity than some of us who stampeded early into the service. They stayed out until the need seemed greater, but began their service as Captains, Majors, or higher rank.

It would not be fair to say that the next war may not be different or that the National Defense system, as now planned, may not obviate all such discrepancies. Who knows? It may have been comical to see an eminent surgeon who had been a terror to his interns and nurses wearing a Lieutenant's bar and trying to learn to ride a horse in training camp, while a small-time general practitioner from a small town but with a large pull sported silver leaves, but it makes one think.

Of what particular advantage to the ordinary physician is rank anyhow? In very few instances does the pay remunerate him for the practice he gives up. How many are there who really feel the superiority complex which comes from rank? To all but the few to whom the pomp and glory of a uniform appeals, they simply remain physicians practicing their profession under difficulties. Most of them hated the necessary complicated never-ending rules, orders, regulations, and paper work upon which so many spent the major part of their time. To the other branches of the service, what difference did it make whether the physician who was responsible for the evacuation and treatment of their wounded happened to be a Lieutenant or a Colonel? After all he was simply the doctor, very important when there was fighting and treated with deference during the emergency, but after all a necessary evil and sometimes a nuisance, but never really a soldier.

Why, then, should there be any stress upon rank among medical officers. Suffice to make them all Majors, Lieutenant-Colonels, or simply le Medicin, that they may have some remuneration commensurate to their profession and perhaps expedite such dealings as they have with the other branches of the service.

There can be no question of patriotism in regard to the